



UNIVERSITY OF WASHINGTON BOTHELL

HARDSHIP WITHDRAWAL PETITION

OFFICE OF THE REGISTRAR BOX 358500

Name (Last)	(First)	(Middle)	Student Number	Submit Petition to: Office of the Registrar Box 358500 18115 Campus Way NE Bothell, WA 98011 Fax: (425) 352-5455 Email: registrar@uwb.edu
Daytime Phone Number			Email Address	

QUARTER AND YEAR FOR WHICH WITHDRAWAL IS REQUESTED. (A separate petition form is required for each quarter being petitioned.)

Autumn
 Winter
 Spring
 Summer
 Year 20____

I am unable to complete my course(s) due to physical and/or mental debilitation or unusual or extenuating circumstances beyond my control.

By submitting this petition I am aware that:

- 1. This is a petition to drop course(s) after the Unlimited Drop period or the "Last Day to Drop" for the current quarter, or the last day of instruction for the current quarter, or to drop courses for a previous quarter.

This is not a petition for a tuition refund.

A tuition forfeiture petition can be located at <http://www.uwb.edu/getattachment/registration/forms/tuition-forfeiture-petition.pdf>

- 2. If I am completing this petition within two weeks of the close of the quarter I should first consider requesting an "I" (incomplete) from my instructor. For undergraduates, incompletes not removed by the end of the following quarter convert to a 0.0.
- 3. My petition must be filed within two years of the quarter being petitioned. A separate petition is required for each quarter. Hardship Withdrawal petitions will not be processed once a degree has been issued. Grades cannot be restored once a Hardship Withdrawal has been granted.
- 4. I must attach a (preferably typed) statement clearly outlining the details of my petition and how my hardship situation affected my ability to complete my coursework for the quarter being petitioned.
- 5. I must supply adequate supporting documentation to support my petition. This documentation must be written on OFFICIAL letterhead and should include an address and phone number for verification purposes. Petitions lacking proper documentation will be denied.

Medical Hardships: If your petition is due to medical reasons have your provider review the Provider Verification form and supply all required documentation. It is the student's responsibility to supply sufficient medical documentation.

Deaths: If you have had a death in the immediate family, submit a copy of the death certificate or remembrance from the funeral. Documentation clearly showing your relationship to the deceased is required.

You will be notified by email of the Hardship Withdrawal Board's decision usually within two weeks after your petition is filed. Please allow an additional week after notification of the decision for the changes to appear on your record. No details of your hardship will be shared with anyone outside the Hardship Withdrawal Board. If approved your transcript will show your course(s) with a grade of "HW" and a \$20 fee charged to your student account.

COURSE(S) BEING PETITIONED

Course Name (e.g. BBUS 100)

I have reviewed the guidelines and outlined the details and specific circumstances supporting my request for a hardship withdrawal. I have provided documentation verifying my situation and attest to its accuracy and truthfulness.

Student's signature _____ Date _____

FOR USE OF HARDSHIP WITHDRAWAL BOARD ONLY

Petition is:
 Granted
 Deferred
 Exp date _____
 Comment _____
 Denied
 Signature of Hardship Withdrawal Board Chairperson _____ Date _____

HARDSHIP WITHDRAWAL PETITION

Student Name _____

The University of Washington Bothell has a Hardship Withdrawal Policy allowing students experiencing physical or mental debilitation or some other extenuating circumstances beyond their control to withdraw from a course(s) after the published deadlines. This policy is designed to allow for situations arising during the quarter.

If a Hardship Withdrawal Petition is approved the student's transcript record is altered which will result in replacing the student's grade with an HW (indicating hardship withdrawal) grade.

In order for the Hardship Withdrawal Board to make an assessment of the student's petition we are asking that the following information be provided.

Please be aware that this document is in support to alter a student's permanent academic record.

The healthcare provider's statement must be on office letterhead and must include the following information:

- Your name
- Student's full name
- Date(s) student consulted with or sought treatment from you
- A brief statement of the medical condition, including dates, and how this situation impacted the student's ability to successfully complete his or her academic obligation.

All information will be kept strictly confidential.

Questions? Please do not hesitate to call, 425-352-5240.

OFFICE OF THE REGISTRAR ■ 18115 Campus Way NE ■ Box 358500 ■ Bothell, WA 98011

Phone: (425) 352-5240 ■ Fax: (425) 352-5455

FOR OFFICE USE ONLY

Previous petition: _____ Quarter: _____ Year: _____ Status: _____

Granted: E-mail Letter **Denied:** E-mail Letter E-mail SFS **Add memo to SDB**

Done by: _____ Date: _____